NATIONAL FLOOD INSURANCE PROGRAM

D01 O.M.B. No. 3087-007. Expires July 31, 2002

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	ne maductions on pages 7 - 7.	
	ERTY OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME Slen Thomas		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Blog	2	Company NAIC Number
CITY College Station	STATE	ZIP CODE 77840
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers)	per, Legal Description, etc.)	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory,	etc. Use Comments section if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##. ##" or ##.####") LI NAD 1927 LI NAD 1927		ap U Other College Station
SECTION B - FLOOD INSUR	ANCE RATE MAP (FIRM) INFORMATIO)N
	UNTY NAME	B3. STATE
City of College Stephon 480083	Brazos	7exas
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE DATE DATE DATE DATE	B7. FIRM PANEL B8. FLOOD ZONE(S)	89. BASE FLOOD ELEVATION (Zone AO, use depth of flooding
B10. Indicate the source of the Base Flood Elevation (BFE) data of		
☐ FIS Profile ☐ FIRM ☐ Community Deter		
B11. Indicate the elevation datum used for the BFE in B9: [] NG		Describe): College Station
B12. Is the building located in a Coastal Barrier Resources System	(CBRS) area or Otherwise Protected A	rea (OPA)? Yes Yo
Designation Date:		THE PARTY OF THE P
SECTION C. BUILDING ELEVA	TION INFORMATION (SURVEY REQUIF	9 E 51
C1. Building elevations are based on: [Construction Drawings* "A new Elevation Certificate will be required when construction		Finished Construction
C2 Building Discours Number / (Colors the building discours	or the building is complete.	
C2. Building Diagram Number / (Select the building diagram	most similar to the building for which this	certificate is being completed -
pages 6 and 7. If no diagram accurately represents the building	ig, provide a sketch or photograph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V3(J, V (WIIII BFB), AR, ARVA, ARVAE, ARVA	1-A30, ARVAH, ARVAO
Complete Items C3a-i below according to the building diagram	specimed in item C2, State the datum us	led. If the datum is different from
the datum used for the BFE in Section B, convert the datum to	Castles D as Castles C. as another interest	irements and datum conversion
calculation. Use the space provided or the Comments area of Datum Conversion/Comments	Section D of Section G, as appropriate,	o document the datum conversi
	the clausium reference made was a	Ton the First Part I I Van t 1
Does Top of bottom floor (Including basement or enclosure)	the elevation reference mark used appear	r on the FIRM?Yes
D b) Top of next higher floor		1
© c) Bottom of lowest horizontal structural member (V zones o	$\frac{\sqrt{f}}{\sqrt{A}} \cdot \frac{\text{ft.(m)}}{\sqrt{g}} = \frac{\sqrt{g}}{2}$	ON
d) Attached garage (top of slab)		The state of the s
in the deviation of machinery and/or equipment	ft.(m) A D	
servicing the building	# e	MACAULT WALL GADY
f) Lowest adjacent grade (LAG)	774. 0 ft.(m) 2 g	AN TO THE TOTAL TO
C) g) Highest adjacent grade (LAG)	774. O ft.(m) 25	2 PM
	273.0 ft.(m)	
 h) No. of permanent openings (flood vents) within 1 ft. above i) Total area of all permanent openings (flood vents) in C3h 	- 1 /m	
a i) rotal area of all parmanent openings (nood vents) in Con	sq. in. (sq. cm)	4400
SECTION D - SURVEYOR, ENGI	NEER, OR ARCHITECT CERTIFICATIO	N
This certification is to be signed and sealed by a land surveyor, en	gineer, or architect authorized by law to o	ertify elevation information.
l certify that the information in Sections A, B, and C on this certifica	te represents my best efforts to interpret	the data available
l understand that any false statement may be punishable by fine or	imprisonment under 18 U.S. Code, Sec	tion 1001.
CERTIFIER'S NAME Donald Garrett	LICENSE NUMBER	912
TITLE Owner	COMPANY NAME Garrett En	gineer
ADDRESS 4444 Carter Crack Pky #108	CITY Bryan STATE TX	ZIP CODE 802
SIGNATURE Som sent Santt	DATE TELEPHON	